

## Discrimination Complaint Form

If you believe Travelers Aid has engaged in discrimination against one or more individuals relating to its *RIDEasy*, *RIDEfinder*, or *SenioRide* programs, and you have already attempted to informally resolve your complaint with Travelers Aid without success, please fill out this form completely, in black ink or type-written. Sign and return to address below. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for individuals with disabilities upon request to Travelers Aid.

Travelers Aid's materials can be made available in alternative languages. To make a request, call (619) 699-1900.

Los materiales de Traveler Aid estan disponibles en otros idiomas. Para hacer una solicitud, llame al (619) 699-1900.

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home/cell: \_\_\_\_\_ Work: \_\_\_\_\_

When did the discrimination occur: Date: \_\_\_\_\_

Describe the acts of discrimination providing the name(s) where possible of the individuals who were responsible for the discriminatory acts (attach additional pages if necessary):

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**Return to:**

**Title VI Coordinator**

Travelers Aid Society

2615 Camino del Rio S., Suite 103

San Diego, CA 92108

Ph. (619) 295-8393; Fax (619)295-3217